

REG'D SEP 14 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1008

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3736 CONNECTICUT ST.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 YEAR,
years, months or days)

3. (a) PRINT FULL NAME

JAMES B. PARROTT

(b) If veteran,
 name war _____

(c) Social Security
 No. NONE

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased NOV. 28 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 9 _____ hr. _____ min.

9. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER
 { 12. Name WILLIAM PARROTT
 { 13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
 { 14. Maiden name SALLY UNK
 { 15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. B. Parrott

(b) Address 3736 Connecticut St.

17. (a) BURIAL (b) Date thereof AUG. 9/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKERS

18. (a) Signature of funeral director E. J. Schurz

(b) Address 3725 Lafayette Av.

19. (a) _____ (b) John Sedick
(Date received local registrar) (Date State Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 3736 CONNECTICUT ST.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
 year 1939 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 8th
1939 to Aug 6 1939
 that I last saw him alive on July 31 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____

Myocarditis Chronic ?
Arteriosclerosis ?

Due to _____

Due to _____
 Other conditions Thrombotic Phlebotomy 30%
(Include regularly within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature B. Shauken (M. D. or other)
 Address 1545 Jefferson Ave Date signed 8/7/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed jos B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3195 Lafayette ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.